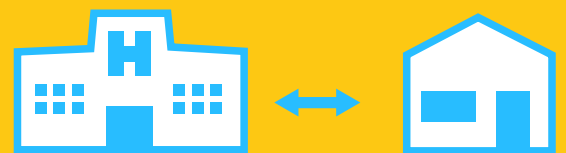
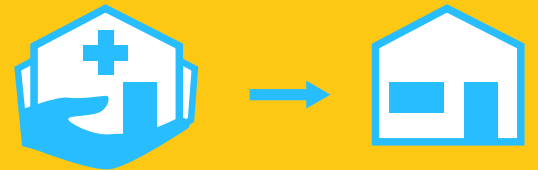
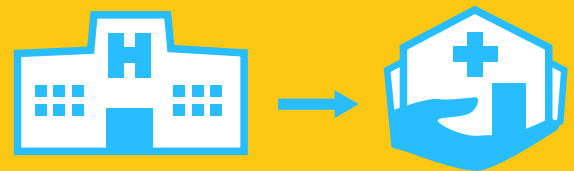
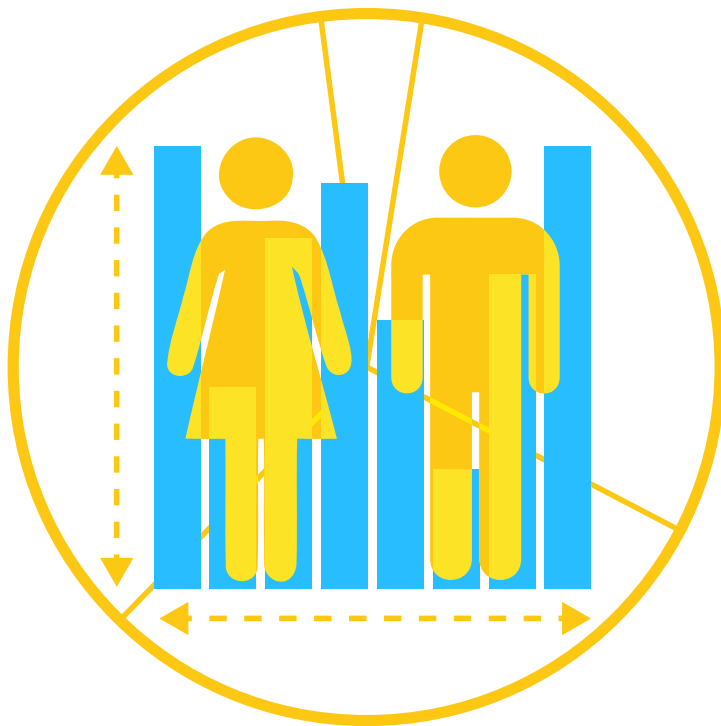
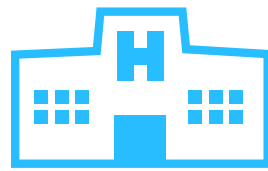


PATIENT PROFILES

*Characteristics & Special Considerations
in transfers of care for older people*

Understanding profiles to support decision making





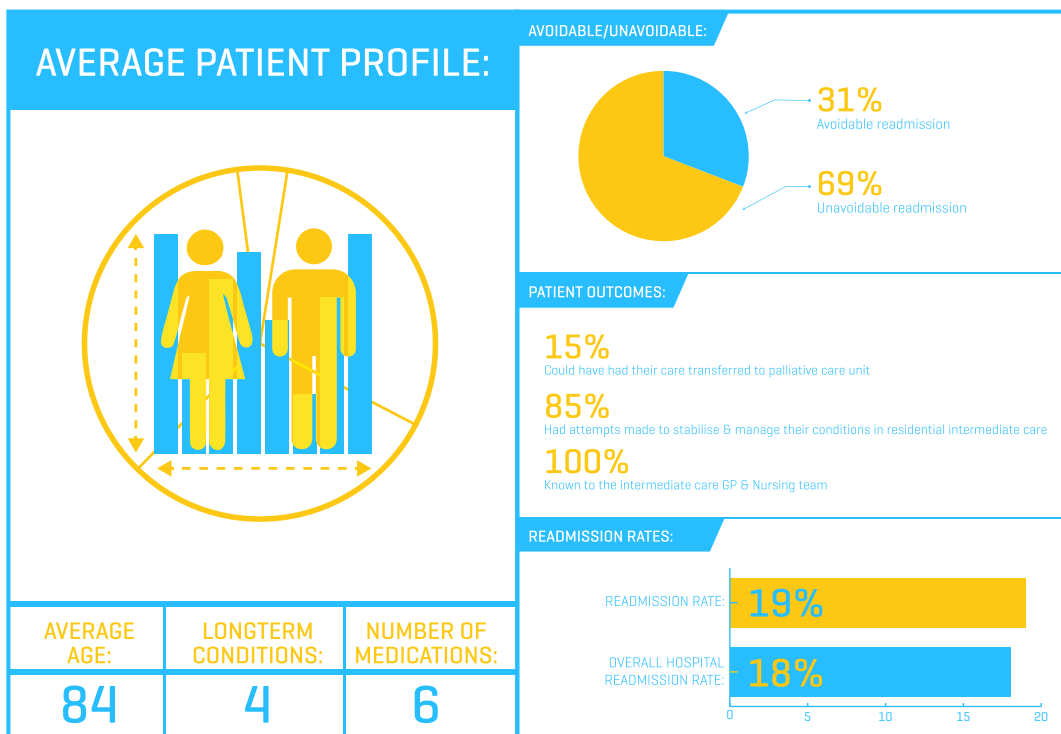
HOSPITAL



RESIDENTIAL
INTERMEDIATE CARE

REASON FOR AUDIT:

Anecdotal evidence suggested that there were a significant number of people being readmitted to hospital after having earlier had their care transferred from there to the residential intermediate care unit.



LEARNING:

Patients move between recuperation, reablement and rehabilitation given the complexity of their needs.

CHALLENGE:

Illness often presents as functional change rather than as typical signs & symptoms in those living with frailty.

SOLUTION:

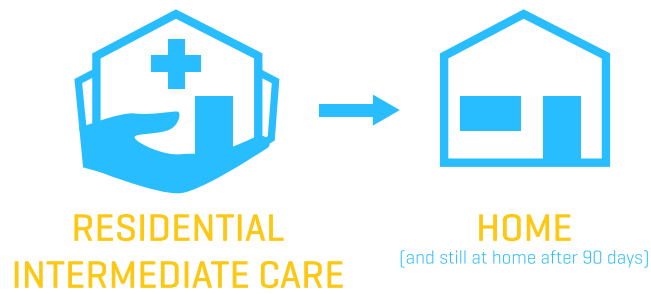
ALL DECISIONS to admit to the residential intermediate care unit should be made by a multidisciplinary team.

CHALLENGE:

In a crisis situation when there is a need for intermediate care it is difficult to determine who needs recuperation, who needs reablement and who needs rehabilitation.

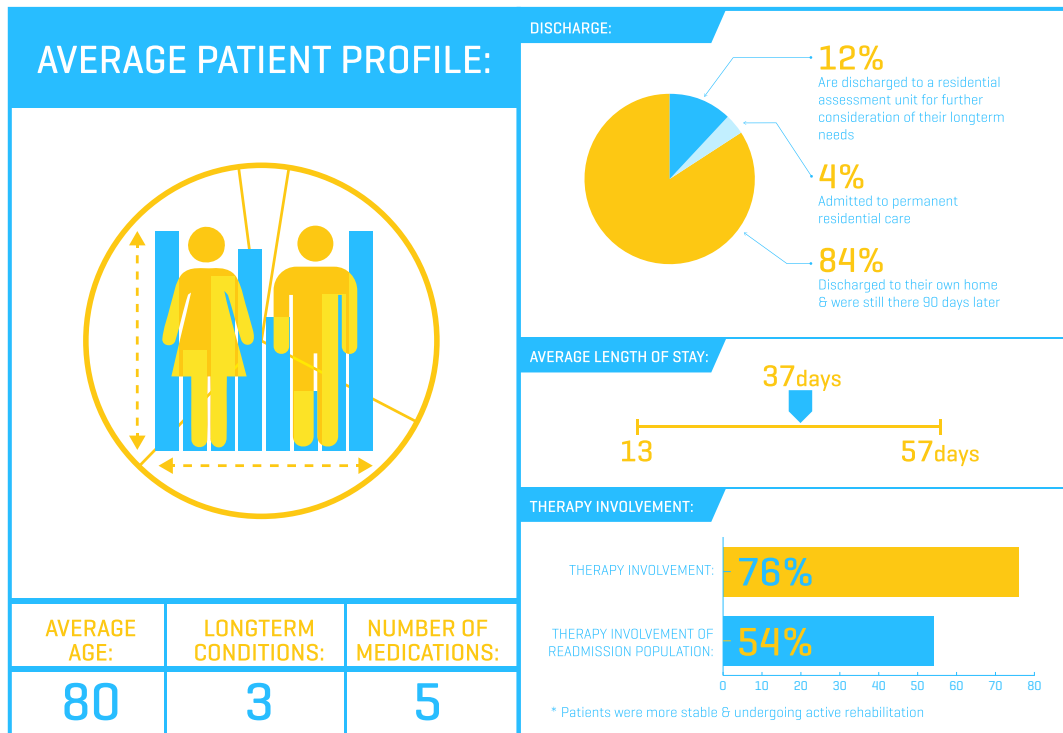
SOLUTION:

Introduction of an ADMIT to ASSESS culture.



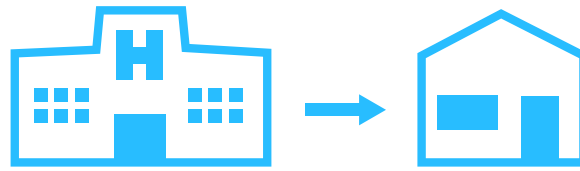
REASON FOR AUDIT:

Following the readmission audit, it was identified there was a need to understand whether the current model appropriately met the needs of some people.



LEARNING:

Only 17% were entirely independent at the point of discharge but with ongoing support provided by reablement, community therapy or long term support there is assurance that independence was maximised through the promotion of health and wellbeing.

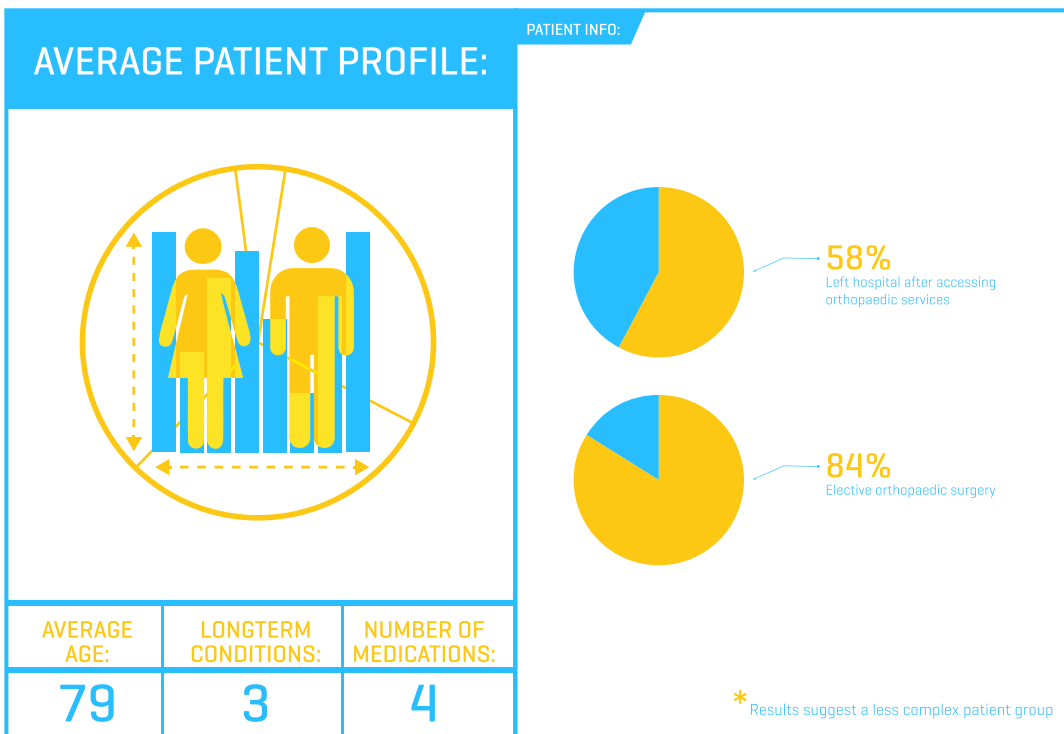


HOSPITAL

HOME
[with support]

REASON FOR AUDIT:

Upon completing the residential intermediate care unit audits it was questioned whether there was a different patient profile for those leaving hospital with ongoing [short term] support from the hospital discharge support team so that we could be clear patients were not having residential services when care at home would have been optimum.



BEST PRACTICE:

SUPPORT WORKERS PROVIDE THE CARE ALONGSIDE THE COMMUNITY THERAPY TEAM.

They have access to their advice & support and are part of an interprofessional learning culture that has a heavy focus on reablement and rehabilitation.